

**GENERAL INFORMATION:**

Hospital for Special Care (HFSC) welcomes students pursuing initial degrees in nursing to apply for a **2024 Nursing Scholarship**. Scholarships available are made possible through established charitable funds. Six scholarships will be awarded to students enrolling or enrolled in an accredited college/university as full-time or part-time undergraduate students and meeting the eligibility criteria below.

**SCHOLARSHIP AMOUNTS:**

- **The Rona Botwinick Nursing Scholarship - \$3,000**
- **The Florence Timura Nursing Scholarship - \$3,000**
- **The Dr. Michael Timura, III Nursing Scholarship - \$2,750**
- **The Paul Sutula Nursing Scholarship - \$2,500**
- **The Elizabeth Timura Gold Star Mother Nursing Scholarship - \$2,500**
- **The John Timura Nursing Scholarship - \$2,500**

**ELIGIBILITY REQUIREMENTS:**

This scholarship is open to:

- Students residing in the Greater New Britain Area in one of the following towns: ***New Britain, Berlin, Farmington, Newington, Plainville or Southington***
- Students enrolling or enrolled in an associate or baccalaureate degree program, pursuing a Registered Nurse degree (*Note: Students pursuing an RN to BSN program or who already are a Registered Nurse do not qualify*)

**ADDITIONAL ELIGIBILITY REQUIREMENTS:**

- Must maintain a minimum of a 2.75 grade point average on a 4.0 scale

**APPLICATION SUBMISSION INSTRUCTIONS AND DUE DATE:**

Applications for the scholarship must be **postmarked by April 15, 2024**. Applications postmarked after this date will not be considered. This application becomes complete and valid **ONLY** when applicants have returned all documentation indicated on the checklist **on page 2**.

Please **type** the information requested. All responses must be completed on this form. Use only the space provided for your answers. Please **DO NOT** submit a CV or additional pages.

**SUBMIT ALL MATERIALS TO:**

**Hospital for Special Care Foundation, Inc.  
Attn. Gianna Gordon  
2150 Corbin Avenue, New Britain, CT 06053**

**NOTIFICATION AND AWARD:**

The recipient will be notified in May, and the award will be sent directly to the school by September.

**APPLICANT INFORMATION**

This is the **ONLY** area of the application where your identifying information will appear. Please use only the last **four digits of your social security number as an identifier** on all subsequent pages and attachments.

<b>Name (First):</b>	<b>(Middle):</b>	<b>(Last):</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Preferred Phone:</b>	<b>Alt. Phone:</b>
<b>Date of Birth:</b>		

**Check all that apply:**

I am a student residing in the Greater New Britain Area in one of the following towns: ***New Britain, Berlin, Farmington, Newington, Plainville or Southington.***

I have NOT received a nursing scholarship from HFSC in the past.

I I am an immediate family member of a Hospital for Special Care benefit-eligible employee.

Family member name:

Relationship (please indicate):      Child                  Spouse                  Grandchild

**CHECKLIST:**

Before you return your application package, please verify that you have enclosed the following documentation. Incomplete applications will be disqualified and will not be reviewed.

**Check each box to verify completion:**

Completed Application (please complete all sections on pages 2-8)

**Please include the following:**

A personal statement essay, describing career goals and future aspirations (Limit to 300 words; please use page 8 provided or regular white paper, double-spaced, with one inch margins)

Academic transcript(s) – copy/unofficial transcripts/score is acceptable

Documentation of residency (copy of driver’s license, passport, voter registration)

Documentation of acceptance to nursing program

Documentation of college tuition and fees

**Two letters of recommendation:** (must be sealed in an envelope and signed across sealed flap or submitted directly via email by the reference to ggordon@hfsc.org. Emailed recommendations sent or forwarded by the applicant will not be accepted.)



**CERTIFICATION:**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to submit proof of information I have provided on this form. Falsification of information may result in termination of any scholarship granted. This application and attached materials become the property of Hospital for Special Care Foundation, Inc.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required** if you are claimed as a dependent on tax forms, even if you are over 18.



**ACADEMIC HISTORY**

Beginning with high school, please list all schools you have attended:

School	City/State	Major Subject	Graduation Date (mm/yy)

**ACADEMIC HONORS:** List academic honors received in the past four years. Limit to the ten most recent.

NAME:	DATE RECEIVED:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**EMPLOYMENT HISTORY, EXTRACURRICULAR ACTIVITIES, AWARDS, OTHER**

Employment (Limit to 5; please start with most recent):

Indicate any full-time or part-time position held. Note if this was summer employment.

DATES EMPLOYED	EMPLOYER	TITLE	HRS./WK.

Publications (Limit to 5; please start with most recent):


Research Projects (Limit to 5; please start with most recent):


Community Service: List volunteer work or community service activities without pay (Limit to 5; please start with most recent):

ORGANIZATION	ACTIVITY/EVENT	YEAR(S) PARTICIPATED	TOTAL HOURS VOLUNTEERED

Awards/Other (Limit to 5; please start with most recent):




**RECOMMENDATION FORM (2):** *May attach a letter to this form*

- To be completed by an advisor, counselor, instructor, or work supervisor.
- Recommendation forms from two separate individuals must be submitted.

**Instructions for advocate/sponsor:**

**DO NOT** include any information that would allow the selection committee to identify the applicant. Any reference to the applicant's name, parent/guardian's name, employer, or any association with the Hospital for Special Care Foundation, Inc. or the Center of Special Care, Inc. within the content of the evaluation will disqualify the application.

Please enclose the completed form in an envelope, sign your name across the seal, and return to the student or email directly to ggordon@hfsc.org from institutional email address. Emailed recommendations sent or forwarded by the student will not be accepted.

**Please do not mail this form directly to Hospital for Special Care; it must arrive with the application package to the Hospital for Special Care Foundation, Inc.**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
The applicant's self-motivation				
The applicant's commitment to school and/or community				
The applicant's ability to seek, find and use learning resources				
The applicant's curiosity and initiative				
The applicant's problem-solving abilities				
The applicant's respect for self and others				

Please provide a brief written evaluation of this student's academic performance and any relevant information about the student's contributions to the school or larger community:

Advocate/Sponsor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street
City
State
Zip



**PERSONAL STATEMENT:** Please describe your career goals and future aspirations as well as any experiences, skills or personal values that will help you achieve your goals (limit to 300 words):

Explain below any unusual financial circumstances in your household. You may attach a page if space below is insufficient: